

Instructions For Project Table

For communities with a population greater than 3,500

Use the Project Table to list all of your clean water system's capital improvement projects. Include projects that are needed now as well as projects anticipated to be needed by the system through calendar year 2020, but do not include projects that are *solely* for future growth. **Examples of acceptable projects include construction or rehabilitation of treatment plants, infiltration/inflow, sewer system rehabilitation, new collectors and/or interceptors and appurtenances, correction of combined sewer overflows and storm water control..**

Column Title	Instructions	Column Title	Instructions
Project Name	Write a brief description of each project. Examples of possible projects are secondary treatment, advanced treatment, I/I. List all projects even if costs are not available.	<u>Current or Future Need</u>	<p>If the project is:</p> <p>☐ Needed now (even if you cannot start construction now), enter 'C'</p> <p style="text-align: center;"><u>or</u></p> <p>☐ Not needed now, but will be necessary over the next 20 years, enter 'F'</p>
Documentation	Indicate the type of documentation provided that explains why the project is needed. If a cost estimate is available indicate the documentation that explains the breakdown of the cost. <i>Please attach the appropriate pages of documentation.</i>	Design Capacity	Enter design capacity when applicable — millions of gallons per day (MGD) for treatment and pumping, or millions of gallons (MG) for tanks. For this survey, "design capacity" is the flow that can be produced when all components of the project are operating. For waste handling and treatment, size the project for the capacity of the wastewater treatment plant.
<u>New or Rehab</u>	<p>If the project is to:</p> <p>☐ Install new or replace old infrastructure, enter 'N' (will have all new infrastructure)</p> <p style="text-align: center;"><u>or</u></p> <p>☐ Rehabilitate or upgrade existing infrastructure, enter 'R' (will keep some of the old infrastructure in place)</p>	Cost Estimate	Enter the cost estimate (if known) for this project. Use only existing cost estimates. If a cost estimate is not provided a model to estimate the cost will be used.
		Date	Enter the month and year of the cost estimate. The model will adjust cost estimates to current year dollars.

If you have any questions please call either 317/ 232-4396 or 317/233-2474

Project Table

Project						Cost of Project	
<p><i>C List capital needs by project for calendar years 2000 through 2020. List projects for which construction will not have started by January 1, 2000.</i></p> <p><i>C You must provide documentation that explains why the project is needed. You must also document any cost estimates provided. Attach the appropriate pages of documentation.</i></p>						<p><i>C <u>Complete only if the cost estimate is known.</u> Cost should include capital cost, engineering design, and contingency, if appropriate. Do not include annual O&M costs.</i></p> <p><i>C List the cost estimate for the project <u>and</u> the month and year of the estimate.</i></p>	
Project Number	Project Name	Documen- tation (Table 1)	<u>N</u> ew or <u>R</u> ehab	<u>C</u> urrent or <u>F</u> uture	Design Capacity (MG, MGD)	Cost Estimate	Date (Month/Year)
Example	New Clarifier	1	N	C	0.5	N/A	N/A
Example	Rehab. Digester	3	R	C	5.0	\$6,027,000	09/96
01							
02							
03							
04							
05							
06							
07							
08							

If you have more projects, continue on the next page.

Project Table

Project						Cost of Project	
Project Number	Project Name	Documentation (Table 1)	<u>N</u> ew or <u>R</u> ehab	<u>C</u> urrent or <u>F</u> uture	Design Capacity (MG, MGD)	Cost Estimate	Date (Month/Year)
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

**We need documentation of all data provided. Acceptable documentation is listed on Table 1.
Use only existing documentation of cost. We do not expect you to develop new cost estimates.**

Respondent Information

1. Please provide the following information in case we need to contact you for clarification or additional explanation of any of your responses.

Contact Person (Person who completed this questionnaire):

Name (please print): _____

Telephone Number: _____

Title: _____

Fax Number: _____

Signature: _____

E-mail Address: _____

Mailing Address: _____

Best Time to Reach You: _____

(Street Address)

CLOSING: Thank you for your help. Please remember to:

- C Attach to the questionnaire all available documentation for all needs and costs reported above.
- C Return this questionnaire and the documentation to the address below. (See the pink enclosure for further return instructions.)

Shelley L. Reynolds
Indiana Department of Environmental Management
Office of Water Management
100 N. Senate Avenue
P.O Box 6015
Indianapolis, Indiana 46206-015